

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587,707

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102						
103						
104						
105						
106						
107						
108						
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111						
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143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
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189						
190						
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192						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		2					53		1				
4		2					54		1				
5		2					55		1				
6		2					56		1				
7		2					57		1				
8		2					58	1					
9		2					59		1				
10		2					60		1				
11		2					61		1				
12		2					62		1				
13		2					63		1				
14		2					64		1				
15		2					65		1				
16	1						66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73		1				
24		1					74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28		1					78		1				
29		1					79		1				
30		1					80		1				
31		1					81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36		1					86		1				
37		1					87		1				
38		1					88		1				
39		1					89		1				
40		1					90		1				
41		1					91		1				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46		1					96		1				
47		1					97		1				
48		1					98		1				
49		1					99		1				
50		1					100		1				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						